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Bib Data Sheet

CONFIRMATION NO. 1191

<b>SERIAL NUMBER</b> 10/643,857	<b>FILING OR 371(c) DATE</b> 08/14/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 1301.0019C
<b>APPLICANTS</b> Scott Koenig, Rockville, MD; Maria Concetta Veri, Derwood, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/403,266 08/14/2002  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 107
<b>INDEPENDENT CLAIMS</b> 27				
<b>ADDRESS</b> 66522				
<b>TITLE</b> FCGAMMARIIB-SPECIFIC ANTIBODIES AND METHODS OF USE THEREOF				
<b>FILING FEE RECEIVED</b> 2398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	